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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 1/4/2012 12:53 PM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Orgar Limited Liability			KLC
Pursuant to KRS 14A and KRS 2	ୁ 275, the undersigned ar	oplies to qualify and for that pu	rpose submits the fo	llowing statement
Article I: The name of the limited		·	•	•
Walker's Handyman S		ed LLC		
Article II: The street address of t	he limited liability comp		•	
1426 Keith Road		Hodgenville Hodgenville	Kentucky	42748
Street Address Only (No Post Office B	ox Numbers)	City	State	Zip Code
and the name of the initial registe	ered agent at that office	is Gary Michael Wall	ker Jr	
Article III: The mailing address o	f the limited liability con	nany's initial principal office is	•	
1426 Keith Road		Hodgenville	Kentucky	42748
Street Address or Post Office Box Number		City	State	2ip Code
Article IV: The limited liebility and		•		zip oode
Article IV: The limited liability cor	npany is to be manage	d by (must check one):		
A. a manager(s).				
B. its member(s).				
, ,	offerther was filled	dana a data di mining di kin		
Article V: This application will be	enective upon ming, un	liess a delayed eπective date a	and/or time is provide	
date or the delayed effective date	cannot be prior to the	date the application is filed. Th	ne date and/or time is	
				(Delayed effective date and/or time)
I/We declare under penalty of per	iury under the laws of ti	ha state of Kontucky that the fo	progoing is true and	,
	i Ja la Can h.	_		
Signature of Organizer		Gary Michael Walker Jr Printed Name & Title		01/04/2012
organizer		Printed Name & Title	υ	ate
Signature of Organizer		Printed Name & Title		ate
, Gary Michael Walker	.lr			
Print Name of Registered Agent	· ^	consent to serve as the registered age	ent on behalf of the limited	d liability company.
The Michael W	Salker Jr.	Gary Michael Walke	er Jr 01/04/2	2012
Signature of Registered Agent		Printed Name	Date	